

# **WAIVER OF RIGHT TO REVOKE CONSENT INDEPENDENT ADOPTION PROGRAM**

Original: Court Record  
Copy: Birth Parent  
Copy: Case Record

**NOTE TO BIRTH PARENT:** By signing this form you are ending your right to revoke the independent adoption placement agreement or consent to adoption that you signed. Do not sign this form unless you want the adopting parents named below to adopt your child.

On \_\_\_\_\_, I signed a consent to adoption or an independent adoption placement agreement ("the consent") in which I agreed to the adoption of my child, \_\_\_\_\_  
DATE CONSENT SIGNED CHILD'S NAME AS SHOWN ON CONSENT  
born on \_\_\_\_\_, by \_\_\_\_\_  
DATE OF BIRTH NAMES OF PETITIONERS/PROSPECTIVE ADOPTIVE PARENTS  
In this consent, I stated that I understood that I may revoke the consent during the 90-day period beginning on the date the consent was signed.

I understand that by signing this form I am making the consent a permanent and irrevocable consent to adoption. This means I will not be able to gain custody of my child unless the prospective adoptive parents agree to withdraw their petition for adoption or the court denies the adoption petition.

I waive (give up) my right to revoke my consent to the adoption of said child by said adopting parents.

SIGNATURE OF PARENT

DATE SIGNED

I, \_\_\_\_\_, have witnessed the signing of this Waiver of Right to Revoke Consent by \_\_\_\_\_ on \_\_\_\_\_  
BIRTH PARENT  
at \_\_\_\_\_.

- I am:
- ☐ A representative of the California Department of Social Services. Date of interview with birth parent: \_\_\_\_\_.
  - ☐ A representative of the \_\_\_\_\_, a delegated county adoption agency. Date of interview with birth parent: \_\_\_\_\_.
  - ☐ A judicial officer of the following California court of record: \_\_\_\_\_.
  - ☐ A representative of \_\_\_\_\_, a public adoption agency in the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
  - ☐ A representative of \_\_\_\_\_, an adoption agency licensed or otherwise approved under the laws of the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
  - ☐ An individual licensed or otherwise certified as a clinical social worker under the laws of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
  - ☐ Independent counsel for the birth parent.
  - ☐ A judicial officer of the \_\_\_\_\_, a court of record in the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.

SIGNATURE OF WITNESS

TELEPHONE:

ADDRESS:

NAME, ADDRESS AND TELEPHONE OF INDEPENDENT LEGAL COUNSEL FOR BIRTH PARENT(S) (IF APPLICABLE):

**NOTE:** The waiver may be signed in the presence of a judicial officer in California only if a representative of the department or a delegated county adoption agency is not reasonably available to interview the birth parent and the birth parent is represented by independent counsel. The waiver may be signed outside of California only if the birth parent resides outside of California or is located outside of California for an extended period of time unrelated to the adoption. A birth parent signing outside of California who signs before an officer of the court shall be represented by independent legal counsel. See California Family Code Section 8814.5.